POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioners associated with the Customer Number: Practitioner(a) named below (if more than ten patent practitioners are to be named, then a customer number mush be used):	l hereby ap	point:	1			
Name Registration Registration Name Registration Registration Name Registration Registration Name Registration Registration Name Registration Registration Registratio	Practi	lioners associated with	the Customer Number:	203	50	
Name Registration Number Name Registration Number Registration Number Number Registration Number Num	OR		l		***************************************	
s attoriety(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with my and all patent applications assigned gm/t to the undersigned according to the USPTO assignment records or assignment documents tasched to this form in accordance with 37 CFR 3.73(b). The address associated with Customer Number: 20350 The address associated with Customer Number: Reason and Reason and Address asso	Practi	tioner(s) named below ((if more than ten patent pra	actitioners are to be name	ed, then a customer n	umber must be used):
ss attomsy(s) or sgent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with my and all patent applications assigned gm/ to the undersigned according to the USPTO assignment records or assignment documents tabched to this form in accordance with 37 CFR 3.73(b). The address associated with Customer Number: Acress Charge the coreoscopic accordance with ST CFR 3.73(b). The address associated with Customer Number: Acress City State Zip Country Telephone Email Assignee Name and Address: VeriSign, Inc. 437 E. Middleffeld Road Mountain View, CA. 94043 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to filed in sach application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must Identify the application in which this Power of Attomey is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is sutherized to act on behalf of the assignee.		Nama	1 0	gistrotion [88]	Nama	Darletselian
s attorrey(e) or spent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with my and all patent applications assigned girly to the undersigned according to the USPTO assignment records or assignment documents tached to this form in accordance with 37 CFR 3.73(b). The address associated with Customer Number: The address associated with Customer Number: 20350		Name	I Ne	Number 🚳	Name	
s attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with ny and all patent applications assigned agric to the undersigned according to the USPTO assignment documents trached to this form in accordance with 37 CFR 3.73(b). **Telesse charge the correspondence eddress for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: 20350						
s attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with ny and all patent applications assigned agric to the undersigned according to the USPTO assignment documents trached to this form in accordance with 37 CFR 3.73(b). **Telesse charge the correspondence eddress for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: 20350	<u> </u>					
ny and all platent applications assigned grify to the undersigned according to the USPTO assignment records or assignment documents tacked to this torm in accordance with 37 CFR 3.73(b) to: State						
ny and all platent applications assigned grify to the undersigned according to the USPTO assignment records or assignment documents tacked to this torm in accordance with 37 CFR 3.73(b) to: State	-					
ny and all platent applications assigned grify to the undersigned according to the USPTO assignment records or assignment documents tacked to this torm in accordance with 37 CFR 3.73(b) to: State	e attornavie	or anent(s) to represent	nt the underelaned before th	a United States Patent or	nd Trademark Office (I	ISPTO) in connection with
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: 20350	ny and all p	atent applications assign	ned only to the undersigned			
The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Signe Name and Address: VeriSign, Inc. 487 E. MicIdefield Road Mountain View, CA 94043 Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to lied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one he practitioners appointed in his form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Date Segnember 21, 200						
The address associated with Customer Number:	lease chan	ge the correspondence	address for the application	identified in the attache	d statement under 37	CFR 3.73(b) to:
The address associated with Customer Number:	5-7			2035	n	
Film or Individual Name Address		address associated wi	th Customer Number:	2033	١	
City State Zip Country Telephone Email Em		or				
Country Telephone Salignee Name and Address: VeriSign, Inc. 487 E. Middelfield Road Mountain View, CA 94043 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to lied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one he practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Date Signature Date Sign	LJ Indi					
Country Telephone Email Sesignee Name and Address: VeriSign, Inc. 487 E. Middlefield Road Mountain View, CA 94043 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to lied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one her practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must Identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Signature Date Signature						
Telephone Signature Name and Address: VeriSign, Inc. 487 E. Middlefield Road Mountain View, CA. 94043 A copy of this form, together with a statement under 37 CFR 3,73(b) (Form PTO/SB/96 or equivalent) is required to filed in each application in which this form is used. The statement under 37 CFR 3,73(b) may be completed by one the practitioners appointed practitioners appointed for this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Bate Signature Date Signature	City			State	. Z	P
Assignee Name and Address: Verislign, Inc. 487 E. Middlefield Road Mountain View, CA. 94043 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to itled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one he practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must Identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Signature Date Signature	Country					
Verisign, inc. 487 E. Middefield Road Mountain View, CA 94043 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to lied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one he practitioners appointed this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Date Signature Date Signature	Telephor	ie		Email		
VeriSign, Inc. 487 E. Middelfield Road Mountain View, CA 94043 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to lied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one he practitioners appointed this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Date Signature Date Signature						
487 E. Middlefield Road Mountain View, CA 94043 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to lied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one he practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whore signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Signature Date Signature Date Signature 20, 2 or 20,	ssignee Na	me and Address:				
Mountain View, CA 94043 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one he practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee. Date Signature Date Signature Date Signature						
itied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one he practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Signature 21, 200						
Rised in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is explicit below is authorized to act on behalf of the assignee Signature Date Signature 21, 200						
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attomey is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Signature 21, 20						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Charles Date Signature Date Signature Date Signature	the practiti	oners appointed in	this form if the appoin	ted practitioner is au	thorized to act on i	
The individual whore signature and title is supplied below is authorized to act on behalf of the assignee Charles A. Charles Determine Determine 21, 200 Date Signature Charles 21, 200	and must l	dentify the applicati	on in which this Powe	r of Attorney is to be	filed.	
Signature Cabal A. Sabases Date Systember 21, 200		The individual w				he acciones
		A C)		
Name Telephone		1 \ l . l	J 174 / ~~~		I ∩oto ⊾ `	201-200-
	Signature	1 Cicoaco	VI. UN	WW	Duit (7

60094602 v1